

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>10/049717</u>		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/		/		51				
2		/		/		/	52				
3		/		/		/	53				
4		3		3		/	54				
5		0		0		/	55				
6		0		0		/	56				
7		0		0		/	57				
8		0		0		/	58				
9		0		0		/	59				
10		0		0		/	60				
11		0		0		/	61				
12		0		0		/	62				
13	/		/		/		63				
14		1		1		/	64				
15		2		2		/	65				
16		2		2		/	66				
17		0		0		/	67				
18		0		0		/	68				
19		0		0		/	69				
20			/			/	70				
21							71				
22							72				
23							73				
24							74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	2		3		2		TOTAL IND.				
TOTAL DEP.	31		21		18		TOTAL DEP.				
TOTAL CLAIMS	33		24		20		TOTAL CLAIMS				